Fill in this inform	ation to identify your case:	
Debtor 1	Ivor Assaye	_
Debtor 2 (Spouse, if filing)		_
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	18-10959	Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapte 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Em	ployed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed
	employers.	Occupation	Certif	ied Nursing Assistant	cna
	Include part-time, seasonal, or self-employed work. Employer's name		Hospital of The University of Penn		temple hospital
	Occupation may include student or homemaker, if it applies.	Employer's address			philadelphia, PA
		How long employed the	nere?	7 Years	3 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,119.00 3,952.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4,119.00 3,952.00

Official Form 106I Schedule I: Your Income page 1

Debt	or 1 _	Ivor Assaye	_	C	Case numbe	er (<i>if kr</i>	own)	18-1	0959		
	Сору	/ line 4 here	4.		For Debt	or 1 4,119	0.00		Debtor a-filing s		
5.	l ist :	all payroll deductions:									_
0.	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a 5b 5c 5d 5e 5f.	o. c. d. e.	\$ \$ \$ \$ \$ \$ \$	0	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$		779.00 0.00 0.00 0.00 234.00 0.00 54.00	- - - -
	5h.	Other deductions. Specify:	_		\$			+ \$		0.00	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	\$_		,067.00	-
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,239	0.00	\$	2,	,885.00	_
8.	8a. 8b. 8c. 8d. 8e. 8f.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8c 8d 8e 8e	o. d. e.	\$ \$ \$ \$	0	0.00	\$ \$ \$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00	- - - -
	8h.	Other monthly income. Specify:	8h	1.+	\$	(.00	+ \$		0.00	- -
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	§	1,338	3.00	\$_		0.0	0
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	4,577	7.00	+ \$	2,8	885.00	= \$ _	7,462.00
11.	State Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	depe					·		∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines							. 12.	\$Combin	
13.	Do yo	ou expect an increase or decrease within the year after you file this form	?							monthl	y income
	П	Yes, Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:									
	Debtor 1 Ivor Assaye Debtor 2						Check if this is: An amended filing					
	ouse, if filing)			A supplement showing postpetition chapter 13 expenses as of the following date:								
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA							MM / DD / YYYY					
	se number 18	3-10959										
O.	fficial Fo	rm 106J										
		J: Your	Exper	ises				12/1				
Be info	as complete ormation. If m	and accurate as	possible.	If two married people and the community of the community								
Par 1.	t 1: Desci	ribe Your House	hold									
١.	No. Go to											
		es Debtor 2 live	in a separ	ate household?								
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of Deb	otor 2.					
2.		e dependents?	□ No									
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?				
	Do not state	the			_			□ No				
	dependents	names.			Son		_ 3	■ Yes □ No				
					Son		13	■ Yes				
					0		40	□ No				
					Son			■ Yes □ No				
								☐ Yes				
3.	expenses o	penses include f people other t d your depende	^{han} □	No Yes								
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp								
the		h assistance an		government assistance is luded it on <i>Schedule I:</i> '			Your expe	enses				
4.		or home owners		ses for your residence. I	Include first mortgage	e 4. S	3	1,150.00				
	. ,	ded in line 4:	J = = 0									
		estate taxes				4a. S	t	0.00				
		estate taxes erty, homeowner's	s, or renter	's insurance		4a. 3 4b. 9	·	0.00 0.00				
				pkeep expenses		4c. \$		180.00				
5.		owner's associate owner's associated owner's associate owner's associated owner's associ		oominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00				

ebtor 1 _	lvor Assaye	Case number (if know	n) 18-10959
Utilitie	es:		
	Electricity, heat, natural gas	6a. \$	400.00
	Water, sewer, garbage collection	6b. \$	200.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	575.00
6d. (Other. Specify:	6d. \$	0.00
Food a	and housekeeping supplies	7. \$	740.00
	are and children's education costs	8. \$	185.00
	ng, laundry, and dry cleaning	9. \$	250.00
	nal care products and services	10. \$	150.00
	al and dental expenses	11. \$	100.00
	portation. Include gas, maintenance, bus or train fare.	· —	
	include car payments.	12. \$	250.00
3. Entert	ainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
. Charit	able contributions and religious donations	14. \$	0.00
5. Insura	nce.		
Do not	include insurance deducted from your pay or included in lines 4 or 20.		
15a. l	Life insurance	15a. \$	0.00
15b. l	Health insurance	15b. \$	0.00
15c. \	Vehicle insurance	15c. \$	430.00
15d. (Other insurance. Specify:	15d. \$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify	<u> </u>	16. \$	0.00
	ment or lease payments:	^	
	Car payments for Vehicle 1	17a. \$	450.00
	Car payments for Vehicle 2	17b. \$	611.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report a		0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106)). 10. \$ \$	
Specify	payments you make to support others who do not live with you.	19.	0.00
	real property expenses not included in lines 4 or 5 of this form or on Sc.		9
	Mortgages on other property	20a. \$	966.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	250.00
	Homeowner's association or condominium dues	20e. \$	0.00
206. 1 1. Other:		21. +\$	
. Other.	opecily.	21. τφ	0.00
2. Calcul	ate your monthly expenses		
22a. A	dd lines 4 through 21.	\$	6,962.00
22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2 \$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.	\$ 	6,962.00
	ate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	7,462.00
23b. (Copy your monthly expenses from line 22c above.	23b\$	6,962.00
	Subtract your monthly expenses from your monthly income.	23c. \$	500.00
	The result is your monthly net income.	23c. \$	300.00
For exa modifica	u expect an increase or decrease in your expenses within the year after imple, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage?		ncrease or decrease because c
■ No.			
	Explain here:		